

**TO BE USED ONLY AS A RENEWAL APPLICATION FOR CERTIFICATE TO  
DRIVE MOTOR BUS/SCHOOL BUS**

DEPARTMENT OF TELECOMMUNICATIONS AND ENERGY - TRANSPORTATION DIVISION  
ONE SOUTH STATION, BOSTON, MA 02110

**FOR DEPARTMENT USE ONLY - DO NOT MARK IN THIS BLOCK**

DATE APPLICATION RECEIVED \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

PHYSICAL FORM CLEARED YES [ ] NO [ ]

CORI CLEARED YES [ ] NO [ ] DATE \_\_\_\_\_

DRIVING RECORD CLEARED YES [ ] NO [ ] DATE \_\_\_\_\_

DROP RESTRICTION YES [ ] NO [ ]

ADD RESTRICTION YES [ ] NO [ ]

CLERK'S SIGNATURE \_\_\_\_\_

DUPLICATE CERTIFICATE ISSUED YES [ ] NO [ ] DATE \_\_\_\_\_

Check one and enclose proper fee (check or money order)

- ☐ Duplicate Certificate - \$20.00 Fee
- ☐ Motor Bus/School Bus Certificate\*  
for one(1) year - \$40.00 Fee
- ☐ Driver - 70 years of age or older  
Certificate for six(6) months - \$20.00 Fee
- ☐ Add School Bus to Certificate\* - \$20.00 Fee
- ☐ Drop School Bus from Certificate - \$20.00 Fee
- ☐ Air Brakes - Road Test Only - \$20.00 Fee

Each question **MUST BE ANSWERED** in Ink or Typed

1. LICENSE NO. \_\_\_\_\_

2. NAME: \_\_\_\_\_

\_\_\_\_\_  
MAIDEN NAME OR ALIAS [IF APPLICABLE]

3. ADDRESS: \_\_\_\_\_

Street and Number

\_\_\_\_\_  
City/Town State Zip

4. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_

5. TELEPHONE NUMBER \_\_\_\_\_

6. STATE CLASSIFICATION OF LICENSE ISSUED BY  
THE

REGISTRAR OF MOTOR VEHICLES: A [ ] B [ ] C [ ] D [ ]

7. HAVE YOU HELD A DRIVER'S LICENSE FOR 3  
CONSECUTIVE YEARS? YES [ ] NO [ ]

8. ARE YOU A MASSACHUSETTS RESIDENT?  
YES [ ] NO [ ] HOW LONG: \_\_\_\_\_

9. HAS YOUR RIGHT TO OPERATE OR HAS YOUR  
LICENSE BEEN SUSPENDED OR REVOKED IN  
MASSACHUSETTS DURING THE PAST 5 YEARS? \_\_\_\_\_  
IF SO, GIVE DETAILS ON AN ATTACHED SHEET.
10. GIVE NAME AND TELEPHONE # OF EMPLOYER: \_\_\_\_\_

11. CHECK ANY AND ALL RESTRICTIONS
- ☐ CORRECTIVE LENSES
  - ☐ CORRECTIVE HEARING APPLIANCE
  - ☐ RESTRICTED TO DRIVING VEHICLES THAT  
CARRY 14 PASSENGERS OR LESS
  - ☐ DTE SPECIFIC RESTRICTIONS

**Original FDOT Medical Form of Physical Examination must  
be returned with this Application.**

**THIS STATEMENT IS MADE UNDER THE PENALTIES  
OF PERJURY**, I the undersigned, hereby apply for a certificate  
to drive motor buses and state that the statements herein made  
are true to the best of my knowledge and belief.

Department of Telecommunications & Energy (DTE) has  
been certified by the Criminal History Systems Board for  
access to criminal case data. As an applicant/employee for  
the position of school bus driver, I understand that a criminal  
record check will be conducted for criminal case information  
only and that it will not necessarily disqualify me. The  
information above is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*For qualification as a school bus driver, instructor must fill out this section. This is to certify that the applicant herein named has been  
trained by me in accordance with the requirements of M.G.L. c. 90 § 8A.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_\_

Name of Qualified School Bus Driver Instructor

Signature of Instructor

Phone: \_\_\_\_\_